

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005330

FILED
Apr 15, 2009
Secretary of State

Entity Name: PALENCIA VILLAGE TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATIN MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

ASSOCIATION MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

ASSOCIATIN MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

ASSOCIATION MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-2706355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION MGMT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CONNOLLY, C.P.
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: C. P. CONNOLLY

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LENDRY, BRYAN
Address: 4745 SUTTON PK CT BLD 500 STE 501
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVT () Delete
Name: TABB, JEFF
Address: 4745 SUTTON PK CT BLD 500 STE 501
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS () Delete
Name: ANTZAKLIS, BETH
Address: 4745 SUTTON PK CT BLD 500 STE 501
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: TABB, JEFF
Address: 4745 SUTTON PK CT BLD 500 STE 501
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN LENDRY

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date